Signature

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SCHEDULE E (FEC Form 3X)					
Tt	EMIZED INDEPENDENT EXPENDITURES				PAGE 586 OF 868 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) Workers' Voice				FEC IDENTIFICATION NUMBER ▼
\ _	VOIKEIS VOICE				C C00484287
_ Ch	check if 24-hour report 48-hour report	New repo	port Amends re	eport filed	d on Mam / Dab / Yayayay
_	Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION				Date of Public Distribution/Dissemination 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 100 Indiana Avenue, N.W.				Amount
	City State		Zin Coda		66.58
	Washington DC		Zip Code 20001		Transaction ID : D543896 Date of Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 00	01	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	ALISON LUNDERGAN GRIMES		Oppose		President Senate State: KY
	Calendar Year-To-Date Per Election for Office Sought		108854.18	Disbu 2014	ursement For: Primary ☐ General Other (specify) ▶
	Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION Mailing Address 100 Indiana Avenue, N.W.			ON	Date of Public Distribution/Dissemination
					Amount
	City State Washington DC		Zip Code 20001		66.58 Transaction ID : D543900
	Purpose of Expenditure		1		Date of Disbursement or Obligation
	InKind Staff		Category/ Type 00)1	10 02 7 2014
	Name of Federal Candidate		Support	Office	ee Sought: House District: 00
	MITCH MCCONNELL		X Oppose		President Senate State: KY
,	Calendar Year-To-Date Per Election for Office Sought		108854.18	Disbu 2014	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures					
	(b) SUBTOTAL of Unitemized Independent Expenditures			····· >	
_	(c) TOTAL Independent Expenditures			····· >	114114114
	Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or an party committee) any political party committee or its agent.	enditures uthorized	reported herein were decommittee or agen	re not ma	nade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
	Ms. Elizabeth H Shuler			M	M / D D / Y Y Y

[Electronically Filed]

2015

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Date